

## COMPETENCY CHECKLIST

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_ DOH: \_\_\_\_\_

Competency Elements	Timeframe	Date Completed	HR/Personnel Director or Supervisor Signature & Title
Completion of level II requirements	Prior to independent functioning		
Completion of level III requirements	Prior to administering medication		
Completion of Core Training	Within 6 months of employment		
Score of at least 90% on Core Training standardized test	Within 6 months of employment		

Competency Elements	Timeframe	Date Completed	Supervisor Signature & Title
Verbal and/or physical demonstration of skills	Within 1 year of employment		
Review of staff documentation for accuracy/quality	Within 1 year of employment		
Observation of staff interactions with individuals	Within 1 year of employment		

Indicate the process used for the demonstration of skills: \_\_\_\_\_

\_\_\_\_\_

What documentation(s) were reviewed for accuracy/quality? \_\_\_\_\_

\_\_\_\_\_

What setting was staff observed in? Who were they interacting with? What was the outcome? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_